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Bib Data Sheet

CONFIRMATION NO. 9068

SERIAL NUMBER 10/087,449	FILING DATE 02/28/2002 RULE	CLASS 700	GROUP ART UNIT 2125	ATTORNEY DOCKET NO. 9015.141US01						
APPLICANTS Michael L. Blomquist, Andover, MN;  ** CONTINUING DATA ..... <i>R NONE</i>  ** FOREIGN APPLICATIONS ..... <i>R NONE</i>  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/03/2002										
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____		STATE OR COUNTRY MN	SHEETS DRAWING 32	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 5					
ADDRESS 23552 MERCHANT & GOULD PC P.O. BOX 2903 MINNEAPOLIS, MN 55402-0903										
TITLE Programmable medical infusion pump										
FILING FEE RECEIVED 1128	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit _____</td></tr></table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
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